Item 9 FilmG137 12/4/51 whw

MARYLAND STATE DEPARTMENT OF HEALTH

10568

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups. LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Champion Forest

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Clarence (Middle) Arthur (Last) Abell
4. DATE OF DEATH (Month) Nov. (Day) 22 (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 9/9/1880
9. AGE last birthday 71 70 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bills Poster
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Abell
14. MOTHER'S MAIDEN NAME X Josephine Renner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. 215-32-4125
17. INFORMANT AND ADDRESS Mrs. Laura E. Abell (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gustave H. Fischer M.D. (Degree or title) Assistant Medical Examiner ADDRESS Glen Burnie, Md. DATE SIGNED 11/23/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/26/51
NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 11/23/51
REGISTRAR'S SIGNATURE A.W. Hedrick
24. FUNERAL DIRECTOR Wm. Cook, Inc., 1217 St. Paul Street ADDRESS

DMR

390 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10569

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. Gen.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooknswood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harriet (Middle) I (Last) Adams
4. DATE OF DEATH (Month) Nov (Day) 30 (Year) 1951
5. SEX Hem.
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Jan. 21/1879
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Brooknswood A. A. Co.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Matthews Anderson
14. MOTHER'S MAIDEN NAME Mary C. Stansbury
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Prudence N. Adams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gastro-intestinal hemorrhage	5 days
540.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Perforating gastric ulcer	3 mos.
117a	(c) Subtotal gastrectomy	see below

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19 Nov 51
19b. MAJOR FINDINGS OF OPERATION Perforating gastric ulcer
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Annapolis (COUNTY) A. A. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Nov., 1951, to 30 Nov., 1951, that I last saw the deceased alive on 30 Nov., 1951, and that death occurred at 5:15 P m., from the causes and on the date stated above.

SIGNATURE Donald Hooker, M.D. (Degree or title) ADDRESS Annapolis, Md. DATE SIGNED 3 Dec 51.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 4 1951
NAME OF CEMETERY OR CREMATORY Broadneck
LOCATION (City, town, or county) St Margrets (State) Md
DATE REC'D BY LOCAL REG. Dec. 4, 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. B. Johnson ADDRESS Annapolis

72882

RECEIVED
DEC 6 1951
BUREAU V. S.

10570

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4. College Creek Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 4 College Creek Terrace

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) (Last) ALLEN
4. DATE OF DEATH (Month) Nov. (Day) 27 (Year) 1951

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10-7-1870
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Ex. Av. Co. Garage
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Anne Arundel County
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James. Allen
14. MOTHER'S MAIDEN NAME Worthy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Hester Allen 4. College Creek Terrace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myo Carditis — INTERVAL BETWEEN ONSET AND DEATH 4 months

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio - Sclerosis —

93a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1951, to Nov 27, 1951, that I last saw the deceased alive on Nov 27, 1951, and that death occurred at 9.45 A.M. m., from the causes and on the date stated above.

SIGNATURE Rib. Richardson MD (Degree or title) ADDRESS 160 - Clay St Annapolis, Md. DATE SIGNED 11/30/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 30, 1951
NAME OF CEMETERY OR CREMATORY Brewer Hill Cemetery
LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. Nov. 30, 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR William Reese II 108. W. Washington St. Annapolis, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 3 1951
BUREAU V. S.

10571

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel — LENGTH OF STAY (in this place): 5 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: District Training School Laurel Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Washington D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D.C.
STREET ADDRESS (If rural, give location): 1338 Quincy St. Washington N.W.

3. NAME OF DECEASED (Type or Print) (First): Helen (Middle): None (Last): Anton
4. DATE OF DEATH (Month): 11 (Day): 20 (Year): 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1/20/39
9. AGE last birthday: 12 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inmate
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Michael Anton
14. MOTHER'S MAIDEN NAME: Katina Nicholson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Records D.T.S. & Medical Officer D.T.S. Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho Pneumonia — 24 Hrs

491X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

107

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Mental deficiency Mongolian — Life

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/15/49 19....., to 11/20/51 19....., that I last saw the deceased alive on 11/20/51 19....., and that death occurred at 8:17 a.m., from the causes and on the date stated above.

SIGNATURE: B. Schindler M.D. — (Degree or title) ADDRESS: Laurel Maryland — DATE SIGNED: Medical Officer District Training School 11/20

23. BURIAL, CREMATION REMOVAL, (Specify): Burial — DATE THEREOF: 11-21-51 — NAME OF CEMETERY OR CREMATORY: Rock Creek Cem — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: Nov 20-51 — REGISTRAR'S SIGNATURE: Clara Hashep — 24. FUNERAL DIRECTOR: Thos H Hines Co — ADDRESS: 2901-14th St NW, Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 18 1951
BUREAU V. S.

Dr Basil

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

16572

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 218 N. Taylor Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 218 N. Taylor Ave

3. NAME OF DECEASED (Type or Print): (First) CLARA (Middle) ELIZABETH (Last) APPLER

4. DATE OF DEATH (Month) (Day) (Year): November 10, 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: April 29, 1882

9. AGE Last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Bike Shop

11. BIRTHPLACE (State or foreign country): Frederick County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph P. Delphey

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Mort

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 214-05-1525a

17. INFORMANT AND ADDRESS: Mrs. Lulu Irene Benchoff 218 N. Taylor Ave Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma left ovary with — 6 Mons

175 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Metastasis to pelvic wall

490 (c) pelvic structures and Intestines

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 2 Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1951, to Nov 10, 1951, that I last saw the deceased alive on Nov 10, 1951, and that death occurred at 47 m., from the causes and on the date stated above.

SIGNATURE: George C. Basil (Degree or title) M.D. ADDRESS: Annapolis Md. DATE SIGNED: 11-13-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-13-51 — NAME OF CEMETERY OR CREMATORY: Cedar Bluff Cemetery — LOCATION (City, town, or county) (State): Annapolis, Md.

DATE REC'D BY LOCAL REG.: Nov. 13, 1951 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: B.L. Hopping and Son — ADDRESS: Annapolis, Md.

50-VV

10636

RECEIVED
NOV 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10573

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Round Bay; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Round Bay; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Baity

4. DATE OF DEATH: (Month) Nov. (Day) 28 (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 25, 1874

9. AGE last birthday: 77 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Godfrey Otto

14. MOTHER'S MAIDEN NAME: Margaret Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. C. J. Berry, Round Bay, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio-Vascular Disease	5 years.
5 7 8 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Interstitial Nephritis	5 years.
13 1a	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1945, to Nov 26, 1951, that I last saw the deceased alive on Nov 27, 1951, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

James S. Buckingham M.D. | 108 Central Ave. Glen Burnie Md | Jan 28. 1952

23. BURIAL, CREMATION / REMOVAL (Specify): burial | DATE THEREOF: 11/30/51 | NAME OF CEMETERY OR CREMATORY: Lorraine Park Cemetery | LOCATION (City, town, or county) (State): Woodlawn, Maryland

DATE REC'D BY LOCAL REG.: 1/29/52 | REGISTRAR'S SIGNATURE: A W Hedrick | 24. FUNERAL DIRECTOR: Wm. Cook, Inc. | ADDRESS: 1217 St. Paul Street

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

VSA 5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: A. A. G. General

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3022 Roselawn Ave.

3. NAME OF DECEASED (Type or Print) (First) Katherine (Middle) T. (Last) Barlag
4. DATE OF DEATH (Month) Nov. (Day) 22 (Year) 1951
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug. 31 - 1877
9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: ? Wooden
14. MOTHER'S MAIDEN NAME: Christiana
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Vernon C. Barlag - 3022 Roselawn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 3 days

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C.V.D. — yrs.

92d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/21/, 1951, to 11/22/, 1951, that I last saw the deceased alive on 11/22/, 1951, and that death occurred at 11 10p m., from the causes and on the date stated above.

SIGNATURE: Frank M. Shipley (Degree or title) M.D. — ADDRESS: Annapolis Md. — DATE SIGNED: 11/23/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11-26-51 — NAME OF CEMETERY OR CREMATORY: Oaklawn — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 11/26/51 — REGISTRAR'S SIGNATURE: A W Hedrick — 24. FUNERAL DIRECTOR: L J Luck — ADDRESS: 5305 Harford

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10575

Reg. Dist. No. 25

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PATAPSCO PARK
LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 211 MILAND AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same as #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) MARTHALENE (Last) BARNES
4. DATE OF DEATH (Month) November (Day) 13 (Year) 1951

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug 26, 1951
9. AGE last birthday yrs. If under 1 year Months 2 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Patapsco Park, A. A. Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME EARL BARNES
14. MOTHER'S MAIDEN NAME JUANITA ROYSTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Juanita Royster, 211 Miland Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia (Broncho) — INTERVAL BETWEEN ONSET AND DEATH: 2 days

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

107 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 26, 1951, to Nov 13, 1951, that I last saw the deceased alive on Nov 12, 1951, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE C. Milton Linthicum (Degree or title) M.D. ADDRESS Linthicum Heights, Md. DATE SIGNED Nov 13, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/14/51
NAME OF CEMETERY OR CREMATORY Mt Calvary
LOCATION (City, town, or county) A. A. Co., Md (State)

DATE REC'D BY LOCAL REG. 11/13/51
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR B. L. Brown & Son - 108 W Montgomery St ADDRESS

20026 1624

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anna Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 204 Clay street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anna Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 204 Clay street

3. NAME OF DECEASED (Type or Print) (First) Leroy (Middle) Stafford (Last) Belt

4. DATE OF DEATH (Month) Nov. (Day) 7, (Year) 51 19

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 14, 1911
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook - St. Johns College
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas Belt
14. MOTHER'S MAIDEN NAME Nannie Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-05-0827
17. INFORMANT Mr. McCready

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure

434.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

132

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Annapolis (COUNTY) A.A. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1-51, 19....., to 11-7-51, 19....., that I last saw the deceased alive on 11-7-51, 19....., and that death occurred at 6 50 p m., from the causes and on the date stated above.

SIGNATURE G. T. Allen (Degree or title) M.D. ADDRESS 10 Carroll DATE SIGNED 11-9-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 11, 1951
NAME OF CEMETERY OR CREMATORY Brewer Hill Cemetery
LOCATION (City, town, or county) Annapolis, Maryland (State)

DATE REC'D BY LOCAL REG. Nov. 10, 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR William Leese ADDRESS 108 Wash. St Annapolis, Maryland

RECEIVED
NOV 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 15 Hill St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 15 Hill St.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) V (Last) BLACKBURN

4. DATE OF DEATH: (Month) NOVEMBER (Day) 14 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 4 1868

9. AGE last birthday: 83 yrs. — If under 1 year: Months 0 Days 10 — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Painter -House

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Blackburn

14. MOTHER'S MAIDEN NAME: Catherine Wells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Clara L. Balckburn 15 Hill Street Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Dilatation of the Heart — Interval between onset and death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio-Vascular — 2 yrs.

(c) Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1/51, 19..., to 11/14/51, 19..., that I last saw the deceased alive on 11/14/51, 19..., and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] MD — ADDRESS: Annapolis, Md. — DATE SIGNED: 11/14/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11-16-51 — NAME OF CEMETERY OR CREMATORY: Cedar Bluff Cemetery — LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: Nov. 15, 1951 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: B.L.Hopping and Son — ADDRESS: Annapolis, Md

VS-A 5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 16 1951
BUREAU V. S.

10578

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. NAVAL HOSP., ANPLS., MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis, Maryland
STREET ADDRESS (If rural, give location) 124 Charles Street

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Treadwell (Last) BOWERS
4. DATE OF DEATH (Month) NOV (Day) 14 (Year) 1951

5. SEX Male
6. COLOR OR RACE Caucasian
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Apr 30, 1877
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Navy
10b. KIND OF BUSINESS OR INDUSTRY COMDR. RETIRED
11. BIRTHPLACE (State or foreign country) Muncy, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John Treadwell BOWERS
14. MOTHER'S MAIDEN NAME Eveline Clare GREEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 1
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CORONARY OCCLUSION (N420.1)	5 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC HEART DISEASE (N420)	4 years
	(c)	

420 w
93 d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV 9, 1951, to NOV 14, 1951, that I last saw the deceased alive on NOV 14, 1951, and that death occurred at 6:32 a.m., from the causes and on the date stated above.

SIGNATURE C. E. Todd Jr. (Degree or title) ADDRESS DATE SIGNED
C. E. TODD Jr., LT MC USNR U. S. NAVAL HOSPITAL, ANNAPOLIS, MD. NOV 14, 1951

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) DATE THEREOF 11 Nov 51 NAME OF CEMETERY OR CREMATORY Naval Academy Cemetery LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. Nov. 15, 1951 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Layla Son ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Davidsonville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: old Riva Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Davidsonville
STREET ADDRESS (If rural, give location): Davidsonville Post Office

3. NAME OF DECEASED (Type or Print): (First) HELEN (Middle) F (Last) BUCK

4. DATE OF DEATH: (Month) November (Day) 21, (Year) 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 24, 1874

9. AGE Last birthday: 76 yrs. If under 1 year: Months 11 Days 26 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George McLean

14. MOTHER'S MAIDEN NAME: Mary Josephine A'Hearne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mr. George F. Buck Davidsonville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic coronary disease and

(c) aortic insufficiency

4/22.1
92a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1942, to Nov. 21, 1951, that I last saw the deceased alive on Nov. 10, 1951, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE: Emily H. Wilson (Degree or title) M.D. ADDRESS: Lothian, Md. DATE SIGNED: 11-23-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11-24-51 | NAME OF CEMETERY OR CREMATORY: All Hallows Cemetery | LOCATION (City, town, or county) (State): Davidsonville, Maryland

DATE REC'D BY LOCAL REG.: Nov. 23, 1951 | REGISTRAR'S SIGNATURE: Gussie Smith | 24. FUNERAL DIRECTOR ADDRESS: B.L. Hopping and Son Annapolis, Md.

Nov. 26

VS-413

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville, Maryland
STREET ADDRESS (If rural, give location) not known

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) (Last) Cephus
4. DATE OF DEATH (Month) (Day) (Year) 11/26/51 19

5. SEX male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH not known
9. AGE last birthday 85(?) yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) not known
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Cephus
14. MOTHER'S MAIDEN NAME Annie King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ~~*********~~
16. SOCIAL SECURITY NO. **
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lung Tuberculosis known since 2/24/20

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Manic Depressive Psychosis, Manic Type known 10/13/11

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) none
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 10/13/41, 19....., to 11/26/51, 19....., that I last saw the deceased alive on 11/26/51, 19....., and that death occurred at 3:15 P. m., from the causes and on the date stated above.

SIGNATURE Jacob Sturgeist M.D. (Degree or title) ADDRESS Crownsville, Md. DATE SIGNED 11/30/51

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 12/6/51
NAME OF CEMETERY OR CREMATORY University Med School
LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REG. 12/6/51
REGISTRAR'S SIGNATURE L. J. Dr Alba
24. FUNERAL DIRECTOR Frances A Hemsley 578 W Biddle St
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS
LENGTH OF STAY (In this place) I.U.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. General Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TRACY'S LANDING P.O.
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) LESTER (Last) CHANEY
4. DATE OF DEATH (Month) NOV. (Day) 10 (Year) 1951

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH Apr. 29, 1925
9. AGE last birthday 26 yrs. If under 1 year: Months | Days; If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUTO MECHANIC
10b. KIND OF BUSINESS OR INDUSTRY AUTOMOBILE
11. BIRTHPLACE (State or foreign country) ANNE ARUNDEL Co. Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm R. CHANEY
14. MOTHER'S MAIDEN NAME MABEL CLARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW II
16. SOCIAL SECURITY No. 215-18-0370
17. INFORMANT AND ADDRESS MRS ETHEL MARIE CHANEY

18. MEDICAL CERTIFICATION TRACYS LANDING. P.O. ANNE ARUNDEL COUNTY, Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CRUSHED CHEST — INTERVAL BETWEEN ONSET AND DEATH: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ROUTE # 2 (CITY OR TOWN) ROUTE 2 (COUNTY) Near Harwood (STATE) A.A. Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 10, 1951 12:30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? auto out of control.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Claffy (Degree or title) M.D. ADDRESS Deputy Medical Examiner Annapolis Md DATE SIGNED 11/10/51

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 11-12-51
NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY
LOCATION (City, town, or county) ANNAPOLIS, Md (State)

DATE REC'D BY LOCAL REG. Nov. 12, 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR B. L. HOPPING & SON ADDRESS ANNAPOLIS, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Item 9 FilmG137 11/30/51 whw

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1582

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park (Rural); MARYLAND; LENGTH OF STAY (in this place) 1 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cypress Creek

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Severna Park (Rural); STREET ADDRESS (If rural give location) Cypress Creek

3. NAME OF DECEASED (Type or Print): (First) Alvin; (Middle); (Last) Clark

4. DATE OF DEATH: (Month) Nov. (Day) 18 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 20 1875

9. AGE last birthday: 76 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freight Conductor (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Central R.R. of New Jersey

11. BIRTHPLACE (State or foreign country): Sussex, Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John C. Clark

14. MOTHER'S MAIDEN NAME: Alice Melvin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Spanish American War

16. SOCIAL SECURITY NO.: None

17. INFORMANT: George T. Clark

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 2 yrs

420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

942 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1 1951, to Nov 18 1951, that I last saw the deceased alive on Nov 18 1951, and that death occurred at 10 P m., from the causes and on the date stated above.

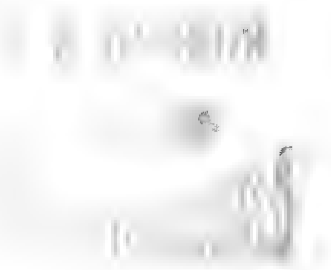
SIGNATURE (Degree or title) M. K. Willoughby — ADDRESS Severna Park Md — DATE SIGNED Nov 18 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 11/21/51 | NAME OF CEMETERY OR CREMATORY Cedar Hill Cem. | LOCATION (City, town, or county) (State) Brooklyn (R.F.D.) Md.

DATE REC'D BY LOCAL REG. Nov 20 1951 | REGISTRAR'S SIGNATURE L. L. Dallas

24. FUNERAL DIRECTOR R. V. Singleton — ADDRESS Glen Burnie Md.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carroll Rt

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A.A.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis
STREET ADDRESS (If rural, give location) 91 East St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) (Sigrid) SIGRID COLVIN
4. DATE OF DEATH (Month) (Day) (Year) Nov 9, 1951
5. SEX Female
6. COLOR OR RACE negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 17, 1951
9. AGE last birthday yrs. If under 1 year Months 4 Days 23 If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Abner Colvin
14. MOTHER'S MAIDEN NAME Betty Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Betty Colvin, 91 East St. Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Aspiration of vomitus

195 d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) at home (CITY OR TOWN) Annapolis (COUNTY) AA (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 9 1951 4:05 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Aspirated vomitus and Strangled

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Caffey M.D. (Degree or title) Deputy Medical Examiner ADDRESS Annapolis Md DATE SIGNED 11/9/51

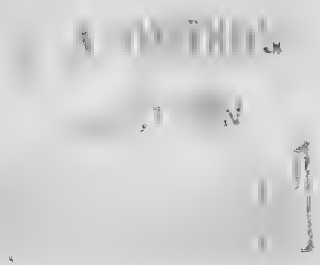
23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 10, 1951
NAME OF CEMETERY OR CREMATORY Brewer Hill Cemetery
LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. Nov. 9, 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR William Roese Jr 108 W. Washington St Annapolis, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AIBA



5184/11-6/2100/cee

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(JOHN L. CONGLETON)

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY John Congleton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park, A.A.Co.
LENGTH OF STAY (in this place) About 16yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 219 W. Arden Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 219 Arden Rd COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park, Anne Arundel, County
STREET ADDRESS (If rural, give location) 219 W. Arden Road

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) L. (Last) CONGLETON

4. DATE OF DEATH (Month) Thur Nov (Day) 8, (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH Sept.5,1876
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Gen'l.Cons'tn.
11. BIRTHPLACE (State or foreign country) Washington, N. Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Congleton
14. MOTHER'S MAIDEN NAME Margaret Swaner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 215-01-0723
17. INFORMANT AND ADDRESS J.WilmerCongleton(Son)3722Pennington Ave.,Balto. 26, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

14a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19....., to 11-8, 1951, that I last saw the deceased alive on 11-8, 1951, and that death occurred at 830a m., from the causes and on the date stated above.

SIGNATURE Wm R Johnson (Degree or title) ADDRESS 403 Med Arts Bg DATE SIGNED 11/8/51

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF Mon.Nov.12,1951
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) (State) Brooklyn, A.A.Co., Md.

DATE REC'D BY LOCAL REG. 11/9/51
REGISTRAR'S SIGNATURE A.W. Hadrick Dmt.
24. FUNERAL DIRECTOR A. Howard Evans ADDRESS A.HOWARD EVANS 1400 S.Charles St., Baltimore 30, Md.

510-246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 8 FilmC137 12/11/51 whw

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10585

Reg. Dist. No. 25

1. PLACE OF DEATH: COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Rural; LENGTH OF STAY (in this place): 6 Mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4214 Fourth St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural; STREET ADDRESS (If rural, give location): 4214 Fourth St.

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) (Last) Croney

4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 4, 18~~77~~

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Getner

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ✓

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT AND ADDRESS: Charles W. Croney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio Vascular Disease — Interval Between Onset and Death: 8 yrs.

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

931 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-17, 19~~47~~, to 11-27, 19 51, that I last saw the deceased alive on 11-27, 19 51, and that death occurred at 6.30 a.m., from the causes and on the date stated above.

SIGNATURE: P. J. Ornaldi (Degree or title) M.D. ADDRESS: 4609 Gor. Ritchie Hway DATE SIGNED: 11-29-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11/30/51 | NAME OF CEMETERY OR CREMATORY: Glenn Haven Mem. Park | LOCATION (City, town, or county): Anne Arundel Co. (State): Md.

DATE REC'D BY LOCAL REG. 11/30/51 | REGISTRAR'S SIGNATURE: a w Redmond | 24. FUNERAL DIRECTOR: Concey Lyons, ADDRESS: 4001 Ritchie Hwy

VS T A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1536

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A. A. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 163 Conduit

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 163 Conduit

3. NAME OF DECEASED (Type or Print): (First) Susan (Middle) Augusta (Last) Denver
4. DATE OF DEATH: (Month) 11 (Day) 15 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 10-18-1864
9. AGE last birthday: 87 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Annapolis
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Denver
14. MOTHER'S MAIDEN NAME: Mary Sansbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT, AND ADDRESS: Mrs Jennie Denver Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia & Cancer — 8 hrs
592X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis — General yrs
1312 (c) Cr. Nephritis — " "

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 18, 1951, to Nov 15, 1951, that I last saw the deceased alive on Nov 15th, 1951, and that death occurred at 4:45 P m., from the causes and on the date stated above.

SIGNATURE: J. Oliver Purvis — (Degree or title) M.D. — ADDRESS: Annapolis Maryland — DATE SIGNED: 11-16-51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) — DATE THEREOF: 11-17-51 — NAME OF CEMETERY OR CREMATORY: St Annes Cemetery — LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. Nov. 17, 1951 — REGISTRAR'S SIGNATURE: [signature] — FUNERAL DIRECTOR: John M. Taylor Son — ADDRESS: Annapolis Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

0587

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Brewer Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 10 Brewer Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) MALVINA CREZER DOVE

4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 16, 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 17, 1886
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Registered Nurse
10b. KIND OF BUSINESS OR INDUSTRY Hospital
11. BIRTHPLACE (State or foreign country) Annapolis, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas S. Dove
14. MOTHER'S MAIDEN NAME Bettie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. 7
17. INFORMANT AND ADDRESS Mrs Charles Smith 10 Brewer Ave Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis chr with Myocardial	4 years
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Insufficiency	Several years
93d	(c) Arteriosclerosis generalized	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to Nov 16, 1951, that I last saw the deceased alive on Nov 16, 1951, and that death occurred at 7 40 A m., from the causes and on the date stated above.

SIGNATURE George C Basil (Degree or title) M. D. ADDRESS Annapolis Md DATE SIGNED 11-17-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-18, 1951
NAME OF CEMETERY OR CREMATORY Cedar Bluff Cemetery
LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REG. Nov. 18, 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR B.L. Hopping and Son ADDRESS Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 Gloucester St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 120 Gloucester St

3. NAME OF DECEASED (Type or Print) (First) Prudence (Middle) Gough (Last) Ridout Dugan

4. DATE OF DEATH (Month) 11 (Day) 20 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Aug 6th 1870
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Annapolis Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William G. Ridout
14. MOTHER'S MAIDEN NAME Ellen McElroy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Miss Charlotte Dugan Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart failure secondary to arteriosclerotic heart disease	7 days
170 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
50	(c) Carcinoma right breast with axillary metastases	5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION no operation
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to 20 Nov, 1951, that I last saw the deceased alive on 20 Nov, 1951, and that death occurred at 7.00 A.m., from the causes and on the date stated above.

SIGNATURE Donald Hooter (Degree or title) M. D. ADDRESS 90 Cathedral St. Annapolis, Md DATE SIGNED 20 Nov 51

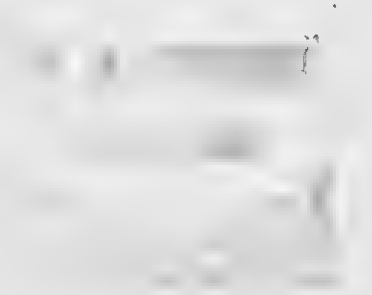
23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 11-21-51 NAME OF CEMETERY OR CREMATORY St Annis LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. Nov. 21, 1951 REGISTRAR'S SIGNATURE [signature] 24. FUNERAL DIRECTOR John M. Taylor, Sr. ADDRESS Annapolis Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS, A15



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) 22 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 43 Lafayette ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 43 Lafayette ave

3. NAME OF DECEASED (Type or Print) (First) Michael (Middle) (Last) Earle

4. DATE OF DEATH (Month) Nov (Day) 3 (Year) 1951

5. SEX m
6. COLOR OR RACE w
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 1 - 1900
9. AGE last birthday 51 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Merchant
10b. KIND OF BUSINESS OR INDUSTRY Grocery Store
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Issac Eggmatz
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Ida R Earle 43 Lafayette ave Annapolis Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Thrombosis	Immediate
42.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arterio-Sclerotic Cardio-Vascular	
	(c)	Disease Sene	6/1/51

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1/51, 19....., to 11/3/51, 19....., that I last saw the deceased alive on 11/3, 1951, and that death occurred at 2:10 P m., from the causes and on the date stated above.

SIGNATURE Albert Anderson (Degree or title) MD ADDRESS Annapolis Md DATE SIGNED 11/3/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 4/51
NAME OF CEMETERY OR CREMATORY Kenneth Israel
LOCATION (City, town, or county) Three Mile Oak (State) Maryland

DATE REC'D BY LOCAL REG. Nov. 4, 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR B. L. Hopping & Son ADDRESS Annapolis Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dorsdale; LENGTH OF STAY (in this place) 11 years; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dorsdale; STREET ADDRESS (If rural, give location) Hammond Ferry Rd.

3. NAME OF DECEASED (Type or Print): (First) IDA (Middle) — (Last) EDWARDS.

4. DATE OF DEATH: (Month) Nov (Day) 27 (Year) 51

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 2/13/86

9. AGE last birthday: 65 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Anne Arundel Co Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Queen

14. MOTHER'S MAIDEN NAME: Elizabeth Queen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Daniel L. Edwards.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Bronchopneumonia — Interval between onset and death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 26-51, 19..., to Nov 27-51, that I last saw the deceased alive on Nov 26-51, 19..., and that death occurred at 12 45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph Lippincott M D — ADDRESS Odenton Md — DATE SIGNED Nov 27-51.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-1-51 — NAME OF CEMETERY OR CREMATORY Mt Calvary Cem. — LOCATION (City, town, or county) (State) Brooklyn Md

DATE REC'D BY LOCAL REG. 11/30/51 — REGISTRAR'S SIGNATURE A W Hedrick — 24. FUNERAL DIRECTOR Clary D. Wilson — ADDRESS Brooklyn Md

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place) 6 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 222 Pindell Av

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 222 Pindell Ave

3. NAME OF DECEASED (Type or Print) (First) REGINA (Middle) MAY (Last) EDWARDS
4. DATE OF DEATH (Month) Nov. (Day) 14 (Year) 1951
5. SEX female
6. COLOR OR RACE negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Sept. 26. 1951
9. AGE last birthday yrs. If under 1 year Months 6 Days 18 If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Alfred T. Edwards Jr
14. MOTHER'S MAIDEN NAME Evelyn D. Wells.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs Alfred T. Edwards same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation

921.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

195d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Annapolis (COUNTY) A.A. (STATE) Md
TIME OF INJURY (Month) Nov. (Day) 14 (Year) 1951 (Hour) 8 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Asperated vomitus.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John M. Caffy M.D., Deputy Medical Examiner (Degree or title) ADDRESS Annapolis, Md DATE SIGNED 11/14/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 26, 1951
NAME OF CEMETERY OR CREMATORY Fowler's Chapel Cemetery
LOCATION (City, town, or county) Bestgate Rd. (State) Maryland
DATE REC'D BY LOCAL REG. Nov. 15, 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR William Reese ADDRESS 108 Wash. St. Annapolis, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U.S. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ~~227~~ 22

1. PLACE OF DEATH: COUNTY Laurel; Old Annapolis Rd. Ann-Arundel MARYLAND ✓
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural; Laurel LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Annapolis Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Laurel
STREET ADDRESS (If rural, give location) Old Annapolis Road

3. NAME OF DECEASED (Type or Print) (First) MARTHA (Middle) ALICE (Last) FISHER

4. DATE OF DEATH (Month) Nov. (Day) 4 (Year) 1951

5. SEX F.

6. COLOR OR RACE Wh.

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)

8. DATE OF BIRTH March 6, 1889

9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY Home - ~~none~~

11. BIRTHPLACE (State or foreign country) Cresson, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James A. Parrish

14. MOTHER'S MAIDEN NAME Ida M. Plummer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS ~~Charles H. Fisher, son~~; Mrs. Frances [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) coronary occlusion

26 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) coronary sclerosis, high blood pressure,

64 (c) diabetes mellitus, overweight

INTERVAL BETWEEN ONSET AND DEATH: condition for years; last attack 9 hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) none

PLACE OF ~~INJURY~~ (Home, farm, factory, street, office bldg., etc.) home

(CITY OR TOWN) Laurel; (COUNTY) Ann Arundel; (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 7, 1951, to Nov. 1, 1951, that I last saw the deceased alive on Nov. 1, 1951, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE J. Neubauer (Degree or title) M.D. ADDRESS 126 Patapsco Ave. Baltimore Md. DATE SIGNED Nov. 4, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Nov. 8 1951

NAME OF CEMETERY OR CREMATORY St. Aloysius Cemetery

LOCATION (City, town, or county) (State) Cresson, Pennsylvania

DATE REC'D BY LOCAL REG. Nov 5-1951

REGISTRAR'S SIGNATURE Clara Heasluf

24. FUNERAL DIRECTOR De Witt Donaldson, Laurel, Md. ADDRESS

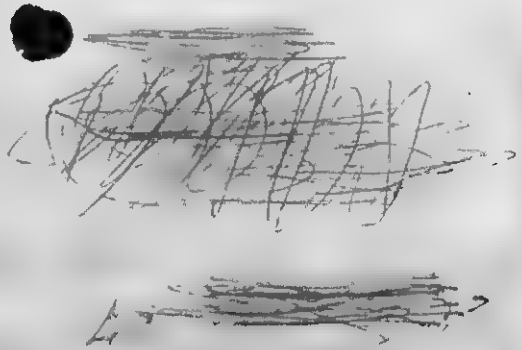
MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC 18 1951

U. S.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Benfield. Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: —
LENGTH OF STAY (In this place): All his life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Millersville R 7B COUNTY: A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: —
STREET ADDRESS (If rural give location): —

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Thurman (Last) Franklyn
4. DATE OF DEATH: (Month) Nov (Day) 24 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Aug 4, 1888
9. AGE last birthday: 63 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dairy Truck farm
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): A.A. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Edward Franklyn
14. MOTHER'S MAIDEN NAME: Ella Snyder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Irene Franklyn.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio. Vascular Renal — 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: —

19a. DATE OF OPERATION: None. 19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: —
(CITY OR TOWN): — (COUNTY): — (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour): — — — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan, 1949, to Nov. 24, 1951, that I last saw the deceased alive on Nov 23, 1951, and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James S. Buckingham M.D. ADDRESS: 104 Centre Ave. Glen Burnie Md. DATE SIGNED: Nov. 24, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: Nov. 27 1951 NAME OF CEMETERY OR CREMATORY: Glen Haven Cem. Glen Burnie Md LOCATION (City, town, or county): Glen Burnie (State): Md

DATE REC'D BY LOCAL REG.: Nov 26 1951 REGISTRAR'S SIGNATURE: L. J. DeAlba
24. FUNERAL DIRECTOR: Richard V. Singleton ADDRESS: Glen Burnie Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural, Laurel
LENGTH OF STAY (in this place) 21 years 6 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS District Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 64 Myrtle St. N.E.

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) (Last) Gaines
4. DATE OF DEATH (Month) Nov (Day) 14 (Year) 1951

5. SEX F
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH July 28 · 1918
9. AGE last birthday 33 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Keith R. Gaines
14. MOTHER'S MAIDEN NAME Bernadine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS D.T.S. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Status epilepticus	48 hours
353.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Idiopathic epilepsy	23 years
304	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital lues, mental deficiency, imbecile — since birth

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 23, 1946, to Nov. 19, 1951, that I last saw the deceased alive on Nov 18, 1951, and that death occurred at 1:05 a.m., from the causes and on the date stated above.

SIGNATURE J. A. Alston M.D. (Degree or title) ADDRESS District Training School Laurel DATE SIGNED 11-14-51

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Nov 21-51 NAME OF CEMETERY OR CREMATORY Woodlawn LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. Nov 19-51 REGISTRAR'S SIGNATURE Clara Haslup
24. FUNERAL DIRECTOR L. C. Murray & Son ADDRESS 1337-10th St. N.W. Wash. D.C.

DEC 18 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10595

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH: COUNTY A. A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 401 Towsend Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
STREET ADDRESS (If rural, give location) 401 Towsend Ave.

3. NAME OF DECEASED (Type or Print) (First) Ruey I. O. (Middle) Griffiths (Last)
4. DATE OF DEATH (Month) 11 (Day) 11 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Aug. 4, 1882
9. AGE last birthday 69 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John T. Knapp
14. MOTHER'S MAIDEN NAME Eveline C. Crane
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Ernest Griffiths 401 Towsend Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral-Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Minutes

Antecedent cause(s) (b) Hypertensive Cardio Vascular Disease

443X Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Generalized arterio sclerosis

50

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Left Breast

19a. DATE OF OPERATION 1948
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Left Breast
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1951 to Nov. 11, 1951, that I last saw the deceased alive on Nov 11, 1951, and that death occurred at 2:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) E Gregory Mid — ADDRESS 107 E. West St. — DATE SIGNED 11/13/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 11/14/1951
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) A. A. Co. Md.
DATE REC'D BY LOCAL REG. 11/13/51
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Flynn & Fleming — ADDRESS 1426 Light St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A13

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21 — 10596

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: I.O. Pasadena
LENGTH OF STAY (In this place): Few hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Fort Small Wood

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 25 Md.
STREET ADDRESS (If rural, give location): 827 Brooklyn Ave

3. NAME OF DECEASED (Type or Print): (First) Russell (Middle) Thomas (Last) Harper

4. DATE OF DEATH: (Month) II (Day) 23 (Year) 51 — 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hr: Hours / Min.
Male	White	Married	I2/26/I2	38 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Crane Operator		Virginia	U.S.A.

13. FATHER'S NAME: Aleck Harper

14. MOTHER'S MAIDEN NAME: Cora Longest

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	224-12-5475	Mrs Helen Harper (wife).

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxiation due to poisoning carbon	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) (Monoxide	Sudden
	(c) Suicide	

963.1 / 163M

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	In automobile	Fort Smallwood,	A.A.	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
II- 23-51 ? m.			Connecting garden hose to exhaust (pipe)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	Assistant Deputy Medical Examiner	Glen Burnie, Md.	II/24/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	NOV. 27, 1951	GLEN HAVEN MEM. PARK	ANNE ARUNDEL CO., MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/26/51	a w Hetrick	JOHN F. DENNY, INC.	715 LIGHT ST. BALTO., 30, MD.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SELBY ON BAY
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE SELBY ON BAY COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) MORTON (Last) HENDERSON
4. DATE OF DEATH (Month) 11 (Day) 11 (Year) 1951

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH 2/18/05
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUTO SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY USED CARS
11. BIRTHPLACE (State or foreign country) BENEDICT, MD
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME HARRY H. HENDERSON
14. MOTHER'S MAIDEN NAME HELEN FARRELL.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 577-09-0528
17. INFORMANT AND ADDRESS Mrs. Thelma C. Henderson.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Ac. Coronary Thrombosis	instantaneous
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary atherosclerosis c̄	
94a	(c) Coronary Thrombosis (recovered)	1948.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial asthma

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1950, to 11/11, 1951, that I last saw the deceased alive on 10/28, 1951, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE Maurice F Klawans (Degree or title) MD ADDRESS Annapolis Md DATE SIGNED 11/11/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/14/1951
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery
LOCATION (City, town, or county) (State) Colmar Manor, Md.

DATE REC'D BY LOCAL REG. Nov. 11, 1951
REGISTRAR'S SIGNATURE Edward Collinson
24. FUNERAL DIRECTOR Nalley's Funeral Home, Inc. ADDRESS 3200 R. I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Anne Arundel Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunset Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rugby & Clover Hill Rds.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunset Beach
STREET ADDRESS (If rural, give location) Rugby & Clover Hill Rds.

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) WILLIAM (Last) HERBERT

4. DATE OF DEATH (Month) November (Day) 18 (Year) 1951

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Oct. 28, '95

9. AGE last birthday 56 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY Building

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Kate Herbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 217-14-9033

17. INFORMANT AND ADDRESS Lawrence G. Walker Clover Hill Rd. Sunset Beach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchiogenic Carcinoma with generalized Metastases — INTERVAL BETWEEN ONSET AND DEATH 6 months

162X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

47c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to 11/18, 1951, that I last saw the deceased alive on 11/18, 1951, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE J. Brady Smith (Degree or title) M.D. ADDRESS Riviera Beach, 1 Maryland DATE SIGNED 11.18.51

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 11/21/51 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Ritchie Hgwy (State)

DATE REC'D BY LOCAL REG. 11/21/51 REGISTRAR'S SIGNATURE H. W. Redrick

24. FUNERAL DIRECTOR John F. Denny, Inc. ADDRESS 715 Light St.

Dm

51:246 Balto.-30, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH — COUNTY: Anne Aundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville — LENGTH OF STAY (in this place): 1 Mo. 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 331 E. Baker Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Preston Hewlett
4. DATE OF DEATH (Month) (Day) (Year): 11/6/51 19
5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: 7/8/94
9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): not known
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Penna.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: not known
14. MOTHER'S MAIDEN NAME: not known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Arteriosclerosis known — 9/26/51

334X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

97 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): none
TIME OF INJURY (Month) (Day) (Year) (Hour): none
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 9/26/51, 19....., to 11/6/51, 19....., that I last saw the deceased alive on 11/6/51, 19....., and that death occurred at 11:10 P.M. m., from the causes and on the date stated above.

SIGNATURE: Jacob Morgenstern M.D. (Degree or title) — ADDRESS: Crownsville, Md. — DATE SIGNED: 11/7/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11-12-51 — NAME OF CEMETERY OR CREMATORY: Hospital Cemetery — LOCATION (City, town, or county) (State): Crownsville - Md.

DATE REC'D BY LOCAL REG.: 11-12-51 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Hosp Supt. G. R. Sandey — ADDRESS: Crownsville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 833 Bay Ridge Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) 833 Bay Ridge Ave

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) THOMAS (Last) HUME

4. DATE OF DEATH (Month) (Day) (Year) November 7, 1951 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 23, 1887
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY Grocery store
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Hume
14. MOTHER'S MAIDEN NAME Lucy Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. 216-01-8538
17. INFORMANT AND ADDRESS Mrs. Blanche Hume 833 Bay Ridge Ave Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage unto

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rt. hemiplegia — 3 days

(c) Hypertension — 10 years

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 4, 1951, to Nov 7, 1951, that I last saw the deceased alive on Nov 7, 1951, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE George C. Basil (Degree or title) M. D. ADDRESS Annapolis Md DATE SIGNED 11-8-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-10-51
NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. Nov. 9, 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR B.L.Hopping and Son ADDRESS Annapolis, Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

601

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY A.A. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS A.A. GENERAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY A.A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN IGLEHART, MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) BABY (Middle) BOY (Last) JOHNSON

4. DATE OF DEATH (Month) 11 (Day) 1 (Year) 1951

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH 11/1/51

9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE

10b. KIND OF BUSINESS OR INDUSTRY NONE

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME RUDOLPH E. JOHNSON

14. MOTHER'S MAIDEN NAME ROSA VIRGINIA MILLS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS RUDOLPH E. JOHNSON, IGLEHART, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature Birth

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (Cause Unknown)

159 (c)

INTERVAL BETWEEN ONSET AND DEATH 4½ Hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/1, 1951, to 11/1, 1951, that I last saw the deceased alive on 11/1/51, 19....., and that death occurred at 11:00 m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS [illegible] Annapolis DATE SIGNED 11/1/51

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF 11/5/51 NAME OF CEMETERY OR CREMATORY PRIVATE LOCATION (City, town, or county) ANNE ARUNDEL (State) MD.

DATE REC'D BY LOCAL REG. Nov. 5, 1951 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR JOHN M TAYLOR + SON ADDRESS ANNAPOLIS, MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville
LENGTH OF STAY (in this place) 2 yrs. 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 938 N. Wolfe Street

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Jones
4. DATE OF DEATH (Month) 11/2/51 (Day) (Year) 19

5. SEX male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) separated
8. DATE OF BIRTH Dec. 15. 1899
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Contractor
11. BIRTHPLACE (State or foreign country) Appomattox Va
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward Jones
14. MOTHER'S MAIDEN NAME Annie Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ~~XXXXXXXXXXXXXX~~
16. SOCIAL SECURITY NO. *****
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) General Paresis known since 8/31/49

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

30 x (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) none (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 8/31/49, 19....., to 11/2/51, 19....., that I last saw the deceased alive on 11/2/51, 19....., and that death occurred at 7: A.M. m., from the causes and on the date stated above.

SIGNATURE Jacob Moneschein M.D. (Degree or title) ADDRESS Crownsville, Md. DATE SIGNED 11/2/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-5-51
NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.
LOCATION (City, town, or county) Brooklyn Md (State)

DATE REC'D BY LOCAL REG. 11/5/51
REGISTRAR'S SIGNATURE H.W. Redmond
24. FUNERAL DIRECTOR Chas D. Wilson
ADDRESS Brooklyn Md

VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS MHC. Jessups, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ? COUNTY ?
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ? ?
STREET ADDRESS ? (If rural, give location) ?

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Jones
4. DATE OF DEATH (Month) November (Day) 13 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ?
8. DATE OF BIRTH
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) ?
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Md. H. of Correction

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Congestive heart failure.	3 days
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Broncho-pneumonia, acute. Myocardial degeneration.	
	(c)	Arterio-sclerosis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1951 to Nov. 13, 1951, that I last saw the deceased alive on Nov. 13, 1951, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE John A Clark (Degree or title) ADDRESS November 14, 1951 DATE SIGNED

John A. Clark, M. D. Physcian in Charge, Md. House of Correction

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF ?
NAME OF CEMETERY OR CREMATORY Cherry Hill
LOCATION (City, town, or county) Jessup, Ark Co (State) Md

DATE REC'D BY LOCAL REG. Nov 19-51
REGISTRAR'S SIGNATURE Clara Haslup
24. FUNERAL DIRECTOR M H C Officials ADDRESS Jessup Md

10604

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: A.A. Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pasadena
LENGTH OF STAY (In this place): Few hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bay Side Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3614 Grynn Oak Ave. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
ADAM	F.	KONIG	Nov. 16, 1951 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs: Hours / Min.
M	W	Married	Oct. 25, 1893	58 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Govt. Internal Revenue	Columbus, Ohio	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
PETER KONIG	MARY OTTO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes World I		Mrs. Adam F. Konig 3614 Grynn Oak Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage due to self in-

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) flicted would, caused by the bullet of a — Sudden

(c) revolver, caliber #45.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Bay Side Beach Road	Pasadena,	A.A.	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
11/16/51 Noon m.		Self Inflicted

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	Associate Deputy [illegible]	[illegible]	11/17/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	11/20/51	Druid Ridge	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/19/51	[signature]	Wm. J. [illegible]	[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY: Anne Arundel
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place): 45 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.NAVAL HOSP., Annapolis, Md

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland Tennessee
COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis Tellico Plain
STREET ADDRESS (If rural, give location): U. S. NAVAL ACADEMY Bancroft

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Kenneth	Bates	LEE	NOV	15	51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Caucasian	S. [illegible]	NOV 5, 1930	21 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Midshipman U. S. Navy	U. S. Navy	Tellico Plains, Tennessee	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Fred Link LEE Jr.	Helen Elizabeth WEAR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes 7-25-50 to 7-8-51		Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) MULTIPLE EXTREME INJURY NOS (N869) — 45 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

978 X
1642

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Suicide	Naval Academy	Annapolis,	(Anne Arundel)	Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☒	HOW DID INJURY OCCUR?
NOV 15 1951 5:45 P.M.		Jumped from 4th floor window of Bancroft Hall to concrete patio below

22. I hereby certify that I attended the deceased from NOV 15, 1951, to NOV 15, 1951, that I last saw the deceased alive on NOV 15, 1951, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Parker HEATH Jr., LTJG MC USNR	U. S. NAVAL HOSPITAL, ANNAPOLIS, MARYLAND	11-16-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	11-17-51		Knoxville, Tennessee

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 17, 1951	[signature]	B.L.Hopping and Son	Annapolis, Md.

Item 9 FilmG137 11/26/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville — LENGTH OF STAY (in this place) 1 ry.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital	STREET ADDRESS (If rural, give location) not known

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle) Henry	(Last) Lewis	4. DATE OF DEATH	(Month) 11/10/51 (Day) (Year) 19
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 3/1/55	9. AGE last birthday ~~95~~ 96 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Sykesville, Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME not known		14. MOTHER'S MAIDEN NAME not known			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) *****	16. SOCIAL SECURITY NO. **	17. INFORMANT AND ADDRESS Hospital Records			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — I[redacted] ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage known since 11/8/51

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

88 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis known since 7/3/50

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) none (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 6/3/50, 19....., to 11/10/51, 19....., that I last saw the deceased alive on 11/10/51, 19....., and that death occurred at 7:03 P.M. m., from the causes and on the date stated above.

SIGNATURE Jacob Morgenstern M.D. (Degree or title) ADDRESS Crownsville, Md. DATE SIGNED 11/10/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Nov 15-51	NAME OF CEMETERY OR CREMATORY Clarks Chapel	LOCATION (City, town, or county) Bel Air R2 Harford (State) Md
DATE REC'D BY LOCAL REG. Nov. 14, 1951	REGISTRAR'S SIGNATURE R. M. Joyce	24. FUNERAL DIRECTOR Martin G. Kurtz	ADDRESS Jarrettsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

Item 21 Film 137 11-27-51 ams
Items 9,14,13 FilmG137 12/4/51 [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH: COUNTY S.A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deale
LENGTH OF STAY (in this place) 70 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY 22
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deale
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Louise (Middle) Virginia (Last) Manifold
4. DATE OF DEATH (Month) Nov. (Day) 18 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Jan 30 1864
9. AGE last birthday ~~86~~ 87 yrs. If under 1 year Months, Days; If under 24 hrs. Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bristol, Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Alfred Hall
14. MOTHER'S MAIDEN NAME unk.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho-pneumonia

Antecedent cause(s) 420.1 (b) Fall striking head

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 186a (c) Coronary heart disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of left leg.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fall due to momentary dizziness. (11-27-51 as

22. I hereby certify that I attended the deceased from 11/4, 1951, to 11/18, 1951, that I last saw the deceased alive on 11/18, 1951, and that death occurred at 11.30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Barbara Hunt
ADDRESS Deale Md
DATE SIGNED 11/19/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Nov 20, 1951
NAME OF CEMETERY OR CREMATORY St James
LOCATION (City, town, or county) Tracys Vid (State)
DATE REC'D BY LOCAL REG. Nov. 20
REGISTRAR'S SIGNATURE I. B. Dent
24. FUNERAL DIRECTOR T A Hardisty & Son
ADDRESS Galesville Vid

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U.S. A.D.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 T

1. PLACE OF DEATH: COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville
LENGTH OF STAY (In this place): 3 yrs. 8 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Centreville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Layton (Last) Moody

4. DATE OF DEATH: (Month) 11/15/51 (Day) (Year) 19

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: not known

9. AGE last birthday: 48(?) yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ********** (illegible)

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter Moody

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or possibly (If yes, give war or dates of service)): ********** (illegible)

16. SOCIAL SECURITY NO.: ******

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Epilepsy — known since March 17, 1947

353.3 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

85 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) nond m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? none

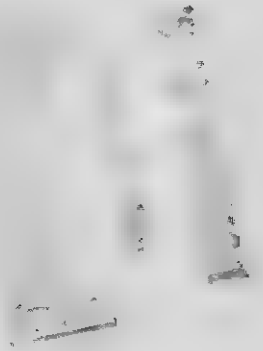
22. I hereby certify that I attended the deceased from 3/17/47, 19....., to 11/15/51, 19....., that I last saw the deceased alive on 11/15/51, 19....., and that death occurred at 11:35 P.M., from the causes and on the date stated above.

SIGNATURE: Jacob Morgenstern M.D. — (Degree or title) — ADDRESS: Crownsville, Maryland — DATE SIGNED: 11/16/51

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 11/21/51 — NAME OF CEMETERY OR CREMATORY: Crownsville, Md — LOCATION (City, town, or county) (State): Crownsville Md.

DATE REC'D BY LOCAL REG.: 11-21-51 — REGISTRAR'S SIGNATURE: Katherine Joyce

24. FUNERAL DIRECTOR: Jacob Morgenstern, M.D. Supt. — ADDRESS: Crownsville



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Iglehart
STREET ADDRESS (If rural, give location) Crownsville, Post Office

3. NAME OF DECEASED (Type or Print) (First) MAY (Middle) E (Last) MORAN
4. DATE OF DEATH (Month) NOVEMBER (Day) 7, (Year) 51 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 22, 1894
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Cambridge, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Titzhue
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS John W. Moran Iglehart Crownsville P.O

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Heart disease with	unknown
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	
131a	(c) Hypertension	1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 27, 1951, to Nov 7, 1951, that I last saw the deceased alive on Nov 7, 1951, and that death occurred at 8 20 A m., from the causes and on the date stated above.

SIGNATURE George C Basil (Degree or title) M.D. ADDRESS Annapolis Md DATE SIGNED 11-8-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-10-51
NAME OF CEMETERY OR CREMATORY Glen Haven Memorial Cemet
LOCATION (City, town, or county) (State) Glen Burnie, Md

DATE REC'D BY LOCAL REG. Nov. 9, 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR B.L. Hopping and Son ADDRESS Annapolis, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RFD # 1 Annapolis
STREET ADDRESS (If rural, give location): South Haven RFD 1 Annapolis, Md

3. NAME OF DECEASED (Type or Print): (First) JULIA (Middle) (Last) MUELLER

4. DATE OF DEATH: (Month) November (Day) 19, (Year) 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 16, 1882

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: own Home

11. BIRTHPLACE (State or foreign country): Hunrary

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mr. Ernest Mueller RFD #1 Annapolis, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastasis, generalized from — Interval Between Onset and Death: 2 Mon.

162X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Bronchogenic Carcinoma — 6+ mon.

47c (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Aug., 1951, to 11/19/51, that I last saw the deceased alive on 11/19/51, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE: Frank M Shipley (Degree or title) M.D. ADDRESS: 63 College Ave. Annapolis, DATE SIGNED: 11/20/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-22-51 — NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery — LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: Nov. 21, 1951 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: B.L.Hopping and Son — ADDRESS: Annapolis, Maryland

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VR-A15

M

10 11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riva
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riva Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Weems Creek
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LAURINE (Middle) E. (Last) MURRAY

4. DATE OF DEATH (Month) 11 (Day) 11 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Unknown
9. AGE last birthday about 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY domestic
11. BIRTHPLACE (State or foreign country) New York State
12. CITIZEN OF WHAT COUNTRY N.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Geo. B. Woelfel Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral hemorrhage	4 days
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b)	Hypertensive Cardio-Vascular Disease	4 yrs.
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

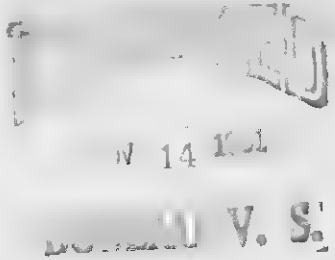
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1948, to Nov. 11, 1951, that I last saw the deceased alive on 11-11-, 1951, and that death occurred at 7 45 p m., from the causes and on the date stated above.

SIGNATURE James R. Martin (Degree or title) M.D. ADDRESS Annapolis, Md. DATE SIGNED 11-13-51

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify)
DATE THEREOF 11-14-51
NAME OF CEMETERY OR CREMATORY St Margarets
LOCATION (City, town, or county) St Margarets (State) Md.

DATE REC'D BY LOCAL REG. Nov. 13, 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John M. Taylor-Sen ADDRESS Annapolis Md.


N 14
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY A. A. — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY A A
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis Md.
STREET ADDRESS (If rural, give location) Loretta Neigats

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) J. (Last) Nichols
4. DATE OF DEATH: (Month) 11 (Day) 29 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: June 30 1888
9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter Leading man
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Naval Academy
11. BIRTHPLACE (State or foreign country): A A Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Vinton A. Nichols
14. MOTHER'S MAIDEN NAME: Alice E. Purdy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Katherine E. Nicholas Annapolis Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Rt. Lung with — 10 Months
163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastasis to Brain
47d, (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Duodenal Ulcer — 6 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 19 51, to Nov 29 1951, that I last saw the deceased alive on Nov 29, 1951, and that death occurred at 11 30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
George C. Ikard M. D Annapolis Md 11-30-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
12-1-51 | Woodlawn | Baltimore Md

DATE REC'D BY LOCAL REG. Dec 4 1951 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: John M. Layton Son Annapolis Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Geo. Meade, Md. — LENGTH OF STAY (in this place) 5 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS USAH Ft Meade, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Missouri — COUNTY Mississippi
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Anniston
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Regina (Middle) Ann (Last) Nichols

4. DATE OF DEATH: (Month) Nov. (Day) 19 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant

8. DATE OF BIRTH: 19 Nov '51

9. AGE last birthday: yrs. — If under 1 year: Months — Days — If under 24 hrs: Hours 5 — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James D. Nichols

14. MOTHER'S MAIDEN NAME: Lorraine (NMN) Sims

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: WOJG James D. Nichols — Hqs 109th CIC Det Ft. G. G. Meade, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X — Immediate cause (a) Prematurity (Approx. 23 wks.) — Interval between onset and death: 5 hrs.

159 — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 19 Nov 51, to 19 Nov 51, that I last saw the deceased alive on 19 Nov 51, and that death occurred at 11 P m., from the causes and on the date stated above.

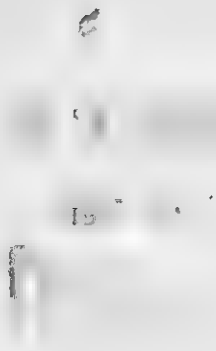
SIGNATURE Lawrence N. D'Elia (Degree or title) ADDRESS Ft Meade Army Hosp DATE SIGNED 20 Nov 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 20 Nov 51 — NAME OF CEMETERY OR CREMATORY: Post Cemetery — LOCATION (City, town, or county) (State): Ft. Geo. G. Meade, Md.

DATE REC'D BY LOCAL REG. 5 Dec 51 — REGISTRAR'S SIGNATURE PAUL W. MITCHELL, Capt. MSC

24. FUNERAL DIRECTOR: Ft. Meade, Md. — ADDRESS: John G. Burkhalter, Capt. (Chap Corps, USA)

20X19132 1230



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crownsville — LENGTH OF STAY (in this place) 15 yrs. 6 mos
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY City
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
   STREET ADDRESS (If rural, give location) not known

3. NAME OF DECEASED (Type or Print): (First) Lucille (Middle) (Last) Owens

4. DATE OF DEATH: (Month) (Day) (Year) 11/17/51 19

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 1891?

9. AGE last birthday: 60(?) yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isaac Howard

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): **********

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma of Sigmoid Colon with Metastasis — Interval Between Onset and Death: known since 5/22/51

153 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b)

Hine — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: General Paresis — known since 8/28/36

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, office bldg., etc.): none — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 8/28/36, 19..., to 11/17/51, 19..., that I last saw the deceased alive on 11/17/51, 19..., and that death occurred at 6:40 P.m., from the causes and on the date stated above.

SIGNATURE: Jacob Marguerter M.D. (Degree or title) — ADDRESS: Crownsville, Md. — DATE SIGNED: 11/20/51

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: 11/21/51 — NAME OF CEMETERY OR CREMATORY: Crownsville — LOCATION (City, town, or county) (State): Crownsville, Md.

DATE REC'D BY LOCAL REG. 11-21-51 — REGISTRAR'S SIGNATURE: Katherine M. Joyce

24. FUNERAL DIRECTOR: Jacob Marguerter, M.D. Superintendent — ADDRESS: Crownsville

10619

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Shady Side, Rural — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Shady Side (Rural)
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Ida. (Middle) Virginia (Last) Vno. Von.
4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1951
5. SEX: F
6. COLOR OR RACE: - W -
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 26 1875
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Lee
14. MOTHER'S MAIDEN NAME: Ida Va. Lee
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr. Reg White Shady Side, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic Neoplasm to brain — 4 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Neoplasm Ascending colon — 1 yr. approx.

(c)

153X

46e

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic Cardio Vascular Disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15th, 1950, to Nov. 3, 1951, that I last saw the deceased alive on Nov. 2nd, 1951, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) M.D. — ADDRESS: Shady Side, Md. — DATE SIGNED: 11-3-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov 6 1951 — NAME OF CEMETERY OR CREMATORY: St Johns — LOCATION (City, town, or county) (State): Sandy Side

DATE REC'D BY LOCAL REG.: Nov 4 1951 — REGISTRAR'S SIGNATURE: J. B. Dent
24. FUNERAL DIRECTOR: T. A. Hardesty & Son — ADDRESS: Galesville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Anne Arundel — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ~~xxxxxx~~ Anne Arundel General

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 107 Walton Street

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) W (Last) REESE

4. DATE OF DEATH: (Month) November (Day) 15, (Year) 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 3, 1895

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprietor

10b. KIND OF BUSINESS OR INDUSTRY: Fuel Oil Delivery

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Reese

14. MOTHER'S MAIDEN NAME: Nellie KEY~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Margaret M. Reese 107 Walton St. Annapolis, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval between Onset and Death
Immediate cause	(a) Acute Cardiac Failure	Sudden
434.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Oedema of Lungs	1 week
95C	(c) Cardiac Asthma	1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~Nov~~ Oct 23, 1951, to Nov. 15, 1951, that I last saw the deceased alive on Nov. 15, 1951, and that death occurred at 10.15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John M. Caffy M.D — ADDRESS: Annapolis Md — DATE SIGNED:

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: Nov 19 51 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: Nov 19, 1951 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: B.L. Hopping and Son — ADDRESS: Annapolis, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Anne Arundel; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Anne Arundel General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gambrills
STREET ADDRESS (If rural, give location) RFD #1 Gambrills

3. NAME OF DECEASED (Type or Print): (First) MAUDF (Middle) MAYO (Last) RHODES

4. DATE OF DEATH: (Month) November (Day) 20, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 19, 1883

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): File Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Gov. (RFC)

11. BIRTHPLACE (State or foreign country): Charlottesville, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William James MAYO

14. MOTHER'S MAIDEN NAME: Mary E. BISHOP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 578-10-4042

17. INFORMANT AND ADDRESS: Mrs. Mary Rhodes Thompson RFD #1 Gambrills, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Breast — Interval Between Onset and Death: 2 yrs.

170 X 50 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/12, 1951, to 11/20, 1951, that I last saw the deceased alive on 10/26, 1951, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Maurice F. Klauber M.D. Annapolis Md 11/23/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 11-23-51 | NAME OF CEMETERY OR CREMATORY: Arlington National Cemet | LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. Nov. 23, 1951 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: B.L.Hopping and Son | ADDRESS: Annapolis, Md.

NOV 26
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crownsville — LENGTH OF STAY (in this place): 19 yrs. 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crownsville State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fedralsburg
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Herman (Last) Ricketts
4. DATE OF DEATH: (Month) 11/19/51 (Day) (Year) 19

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: ------
9. AGE last birthday: 58? yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Ricketts
14. MOTHER'S MAIDEN NAME: ---------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ------ (If yes, give war or dates of service) -----
16. SOCIAL SECURITY NO.: ---------
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) General Paresis known since Oct. 11, 1932

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ------
19b. MAJOR FINDINGS OF OPERATION: ----------
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): --------
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ------ (CITY OR TOWN) ---------- (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ------ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ----------

22. I hereby certify that I attended the deceased from Oct. 1941 19....., to Nov. 19, 19 51, that I last saw the deceased alive on Nov. 19, 19 51, and that death occurred at 8:10 p.m., from the causes and on the date stated above.

SIGNATURE: Jacob Morgenstern M.D. (Degree or title) ADDRESS: Crownsville, Maryland DATE SIGNED: Nov. 20, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 11/24/51
NAME OF CEMETERY OR CREMATORY: Federalsburg
LOCATION (City, town, or county) (State): Federalsburg md.

DATE REC'D BY LOCAL REG.: Nov. 20, 1951
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: J.J. Frampton Sr. ADDRESS: Federalsburg md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH — COUNTY: Anne Arundal — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Geo G. Meade — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S.A. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Alabama — COUNTY: Calhoun
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~Anniston~~
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ~~Baby~~ / ~~Baby~~ (Middle) Samuel Robert (Last) Salers
4. DATE OF DEATH: (Month) Nov (Day) 4 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Nov 1, 51
9. AGE last birthday: yrs. — If under 1 year: Months / Days 4 — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Russell Messer Salers
14. MOTHER'S MAIDEN NAME: Arlys Hunter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Father — U. S. Army Hospital, Ft. Geo. G. Meade, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congenital atelectasis — From birth

762.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity - 26 weeks. — " "

159 (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. — —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1 Nov, 1957, to 4 Nov, 1957, that I last saw the deceased alive on 4 Nov, 1957, and that death occurred at 0540 A m., from the causes and on the date stated above.

SIGNATURE: Frank J. Shannon, Jr., Major MC (Degree or title) — ADDRESS: Ft. Meade Army Hosp. — DATE SIGNED: 4 Nov 57

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6 Nov 51 — NAME OF CEMETERY OR CREMATORY: Post Cemetery — LOCATION (City, town, or county) (State): Ft. Geo. G. Meade, Md.

DATE REC'D BY LOCAL REG.: 5 Nov 51 — REGISTRAR'S SIGNATURE: Paul W. Mitchell, Capt. MSC

24. FUNERAL DIRECTOR: Harry T. Rowe, 1st Lt (Chap Corps USA) — ADDRESS: Ft. Geo. G. Meade, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. NAVAL HOSP., ANNAPOLIS, MD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural, give location) Apt. #J-5 Perry Circle

3. NAME OF DECEASED (Type or Print) (First) Dorothy (Middle) MC Neill (Last) SATTERFIELD
4. DATE OF DEATH (Month) NOV (Day) 17 (Year) 1951
5. SEX Female
6. COLOR OR RACE CAUCASIAN
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH JUN 14, 1920
9. AGE last birthday 31 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY — —
11. BIRTHPLACE (State or foreign country) Ranger, Texas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Lauchlin Mc Neill (Deceased)
14. MOTHER'S MAIDEN NAME Mary Peele
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — —
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) POISONING BY CARBON MONOXIDE (N968)

891.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

178 B (c)

INTERVAL BETWEEN ONSET AND DEATH Approx. One hour

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Garage (CITY OR TOWN) Annapolis, (COUNTY) (Anne Arundel) (STATE) Maryland
TIME OF INJURY (Month) NOV (Day) 17, (Year) 1951 (Hour) 2:00 a.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Exhaust from auto parked in garage while asleep in front seat

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on SEP 5, 1951, and that death occurred at Approx. a. 17 NOV 1951 2:00 m., from the causes and on the date stated above.

SIGNATURE R. K. Brooks (Degree or title) ADDRESS DATE SIGNED
R. K. BROOKS, LCDR MC USN U. S. NAVAL HOSPITAL, ANNAPOLIS, MARYLAND 11-17-51

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL
DATE THEREOF 11-19-51
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Amarillo, Texas

DATE REC'D BY LOCAL REG. Nov. 18, 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Ben L. Hopping and Son ADDRESS Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park
LENGTH OF STAY (in this place) 16 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 111 - Third Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mdy. COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Park
STREET ADDRESS (If rural, give location) 111 Third Ave

3. NAME OF DECEASED (Type or Print) (First) Leo (Middle) J. (Last) SCHMITZ

4. DATE OF DEATH (Month) Nov. (Day) 1 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Dec. 9, 1898

9. AGE last birthday 52 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bakery Supervisor

10b. KIND OF BUSINESS OR INDUSTRY Chain Bakery

11. BIRTHPLACE (State or foreign country) Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frederick Schmitz

14. MOTHER'S MAIDEN NAME (R) (R)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) —

16. SOCIAL SECURITY No. 216-05-0054

17. INFORMANT AND ADDRESS Mrs. Myrtle M. Schmitz (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) heart - coronary thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) myocarditis

94.2 (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-10, 1952, to 11-1, 1951, that I last saw the deceased alive on 11-1, 1951, and that death occurred at 9:45 P m., from the causes and on the date stated above.

SIGNATURE Eugene Schuiter (Degree or title) M.D. ADDRESS 3904 S. Hanover Balto DATE SIGNED 11-2-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Nov. 5, 1951

NAME OF CEMETERY OR CREMATORY Glen Haven Cem.

LOCATION (City, town, or county) (State) A. A. Co., Md.

DATE REC'D BY LOCAL REG. 11/2/51

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR A. Howard Evans ADDRESS 400 S. Charles St Balto 30, Md.

10521

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 101 Northwest Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 101 Northwest Street

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) (Last) Scisco
4. DATE OF DEATH (Month) Nov. (Day) 6 (Year) 1951 19

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 6-26-1883
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor
10b. KIND OF BUSINESS OR INDUSTRY Hall of Records
11. BIRTHPLACE (State or foreign country) Waterbury Maryland
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Benjamine Diggs
14. MOTHER'S MAIDEN NAME Martha Ellen Diggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ?
17. INFORMANT Francis Diggs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	2 days
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Hypertension	4 months
83a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1951, to November 6, 1951, that I last saw the deceased alive on November 6, 1951, and that death occurred at 11:00 P m., from the causes and on the date stated above.

SIGNATURE R. Richardson (Degree or title) MD
ADDRESS 110 - Clay St Annapolis Md.
DATE SIGNED 11/8/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-9-51
NAME OF CEMETERY OR CREMATORY Brewer Hill Cemetery
LOCATION (City, town, or county) Annapolis Maryland (State)

DATE REC'D BY LOCAL REG. Nov. 9, 1951
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR William Leese II
ADDRESS 108 W. Washington St Annapolis, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY 13 1951
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY a. a. Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Lake Shore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS " " "

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 3124 E. Balto. St.

3. NAME OF DECEASED (Type or Print): (First) Loretta (Middle) Seiphel (Last)
4. DATE OF DEATH: (Month) Nov (Day) 14th (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (~~Divorced~~) Widowed
8. DATE OF BIRTH: 1/7/1884
9. AGE last birthday: 67 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Balto Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Wm H. Donovan
14. MOTHER'S MAIDEN NAME: Catherine Billings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Beulah Harrington Lake Shore a. a. Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	1 year
434.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) anasarca	1 month
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Moderate obesity — 15 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 7, 1951, to Nov. 14, 1951, that I last saw the deceased alive on Nov. 13, 1951, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
R. M. McLaughlin	M.D. Pasadena. Md.	Nov. 14. 1951

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	11/17/51	Cathedral	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/15/51	A W Beckwith	Wm Cook Inc.	1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10623

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY A. A. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 539 W. Forrest View Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linthicum
STREET ADDRESS (If rural give location) 539 W. Forrest View Rd.

3. NAME OF DECEASED (Type or Print): (First) EMILY (Middle) BLANCHE (Last) Hawkins Shipley

4. DATE OF DEATH: (Month) Nov. (Day) 20 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 12 1888

9. AGE last birthday: 38 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country): Waterman Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard Hawkins

14. MOTHER'S MAIDEN NAME: Estella Wellham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO. —

17. INFORMANT: U S Murphy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cancer Lungs — 2 yr.

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 50

(b) Cancer breast — 2 1/2 yr.

(c) Embolism lungs following operation 2 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19.49., to 11/20....., 19.51., that I last saw the deceased alive on 11/20....., 19.51., and that death occurred at 9 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Chas. L. Ball D. M. S. | Linthicum Md. | 11/20/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 11/23/51 | NAME OF CEMETERY OR CREMATORY Loudon Park Cem. | LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REG. 11/21/51 | REGISTRAR'S SIGNATURE Asa Hedrick | 24. FUNERAL DIRECTOR Wm. J. Tuckner & Sons | ADDRESS Balto Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 14 Market Space

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural, give location): 14 Market Space

3. NAME OF DECEASED (Type or Print) (First) BARNETT (Middle) SODENSKY (Last)
4. DATE OF DEATH (Month) Nov. 15, (Day) 1951 (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 14, 1888
9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprietor
10b. KIND OF BUSINESS OR INDUSTRY: Meat and Retail Grocery Store
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Mrs Eva Sodensky 14 Market Space; Annapolis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — sevrl?

94a (c) — yes

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — ~~Sevrl~~ Yes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 10, 1951, to Nov 15, 1951, that I last saw the deceased alive on Nov 15, 1951, and that death occurred at 8 17 m., from the causes and on the date stated above.

SIGNATURE: George C. Basil — (Degree or title): M. D. — ADDRESS: Annapolis Md. — DATE SIGNED: 11-15-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11-16-51 — NAME OF CEMETERY OR CREMATORY: Keneseth Israel Cemetery — LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG.: Nov. 16, 1951 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: B.L. Hopping and Son — ADDRESS: Annapolis, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10625

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Anne Arundel; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ferndale - Glen Burnie P.O.; LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 106 Broadview Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ferndale - Glen Burnie P.O.; STREET ADDRESS (If rural, give location): 106 Broadview Blvd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Amelia		Srnec	11	20	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	Dec 6, 1872	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife (retired)	Own Home	Austria	Austria

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown Chibal	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No	None	Ernest Srnec, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Cardiovascular disease	?
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senile dementia, innanition

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Dec., 1950, to Nov 20, 1951, that I last saw the deceased alive on Nov. 0, 1951, and that death occurred at 8:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Charles R. MacDonald MD	7 Central Ave., Glen Burnie	11 20

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	November 23, 1951	Glen Haven	Glen Burnie,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/24/51	[signature]	R. V. Singleton	Glen Burnie, Md.

A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10626

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deale
LENGTH OF STAY (in this place) 4 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deal, Md.
STREET ADDRESS (If rural, give location) Melbourne Ave.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) C (Last) Swift

4. DATE OF DEATH (Month) Nov (Day) 16 (Year) 1957

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 15, 1871
9. AGE last birthday 80 yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ethelwald Sanford
14. MOTHER'S MAIDEN NAME Rosalia Sandys

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT John C. Swift

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Decompensation	2 wk.
442x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive C.V.R. Disease	Unk
131a	(c) Obesity & Early Cirrhosis	Unk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Nov 16, 1951, that I last saw the deceased alive on Nov 15, 1957, and that death occurred at 1:55 p.m., from the causes and on the date stated above.

SIGNATURE R. B. Passer (Degree or title) M.D. ADDRESS Upper Marlboro, Md. DATE SIGNED 16 Nov 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 19 1951
NAME OF CEMETERY OR CREMATORY Glenwood Cemetery
LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. Nov. 18. 51
REGISTRAR'S SIGNATURE Carrie F. Campbell Ida Belle Den
24. FUNERAL DIRECTOR J. Wm. De's Sons Co. ADDRESS 300-4th St. N.E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10627

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Anne Arundel — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Browns Woods — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY A. A. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Browns Woods — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Carrie	F	Thomas	11	23	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Negro	M	12-12-1881	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		A. A. Co. Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Johnson	Henretta Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	John L. Thomas - Browns Woods, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Vascular Disease

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

9 d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Annapolis	a a	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-15-45, 19..., to 11-23-51, 19..., that I last saw the deceased alive on 11-22-51, 19..., and that death occurred at 9-18 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G. J. Callen	M.D.	10 Conduit	11-26-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
B	11-26-1951	Broad Neck	Skidmore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 26, 1951	[signature]	William Leese II - 108 Washington St. Annapolis, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH — COUNTY: Anne Arundel — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort George G. Meade — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2101-1 U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harmans
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Diana (Middle) Lynn (Last) Tindale
4. DATE OF DEATH: (Month) November (Day) 27 (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant
8. DATE OF BIRTH: 27 NOV 51
9. AGE last birthday: 0 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours 2½ / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Lawrence Edward Tindale
14. MOTHER'S MAIDEN NAME: Bessie Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): 0
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Tindale (M) Harmans, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity (31 wks) — 2½ hrs

761.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Placenta Previa.

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 27 NOV, 1951, to 27 NOV, 1951, that I last saw the deceased alive on 27 NOV, 1951, and that death occurred at 0610 hrs m., from the causes and on the date stated above.

SIGNATURE: LAWRENCE N. D'ELIA, JR., MD (Degree or title) — Lawrence N. D'Elia Jr. M.D. — ADDRESS: Ft. Meade Army Hosp. — DATE SIGNED: 27 NOV 51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 29 Nov 51 — NAME OF CEMETERY OR CREMATORY: Post Cemetery — LOCATION (City, town, or county) (State): Fort George G. Meade, Md.

DATE REC'D BY LOCAL REG.: 29 Nov 51 — REGISTRAR'S SIGNATURE: PAUL W. MITCHELL, Capt. MSC — 24. FUNERAL DIRECTOR: Ft. Meade, Md. — ADDRESS: John G. Burkhalter, Capt. (Chap Corps USA)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Anne Arundel; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: U.S. Army Hosp., F&M., MARYLAND; LENGTH OF STAY (in this place): Ft. Geo. G. Meade, Md.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2101-1 U. S. ARMY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Missouri; COUNTY: Saline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Slater; STREET ADDRESS (If rural, give location): 221 E. Front St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	Randell	Tooley, Jr.	11	6	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	married	8 May 1927	24 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Soldier	U. S. Army	Missouri	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Randell Tooley	Mattie Mosley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes 1951		Mrs. Dorothy Tooley (w) 221 E. Front St. Slater, Mo.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic glomerulonephritis	28 days
592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. –

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
–	–	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
–	–	–		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
–			m.		–

22. I hereby certify that I attended the deceased from 9 Oct., 1951, to 6 Nov., 1951, that I last saw the deceased alive on 6 Nov., 1951, and that death occurred at 5:40 p.m., from the causes and on the date stated above.

SIGNATURE W. LAWRENCE CAHALL, (Degree or title) 1st Lt., MC ADDRESS Ft. Meade MH, Ft Meade Md DATE SIGNED 6 Nov. 51

W. Lawrence Cahall Jr 1st Lt MC

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7 Nov 51	Unknown	Slater, Missouri

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7 Nov 51	PAUL W. MITCHELL, Capt., MSC	Charles R. Law	802-04 Madison Ave. Baltimore, Maryland

V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10630

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH: COUNTY ANNE ARUNDEL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CLEAR WATER BEACH
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8211 PARKWAY

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CLEAR WATER BEACH
STREET ADDRESS (If rural, give location) 8211 PARKWAY

3. NAME OF DECEASED (Type or Print) (First) ADAH (Middle) THERESA (Last) TYLER

4. DATE OF DEATH (Month) NOVEMBER (Day) 24 (Year) 1951

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH 8/10/1884
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) BALTIMORE, M.D.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME PHILIP MYERS
14. MOTHER'S MAIDEN NAME MARY VIRGINIA GREGORY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS MR CARL R. TYLER - CLEAR WATER BEACH, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Colon — INTERVAL BETWEEN ONSET AND DEATH 2 years

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46 2 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to Nov. 24, 1951, that I last saw the deceased alive on Nov. 24 1951, and that death occurred at 5:45A m., from the causes and on the date stated above.

SIGNATURE J. Brady Smith (Degree or title) M.D. ADDRESS RIVIERA BEACH, MD DATE SIGNED 11/24/51

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 11/27/51
NAME OF CEMETERY OR CREMATORY CEDAR HILL
LOCATION (City, town, or county) (State) RITCHIE HIGHWAY

DATE REC'D BY LOCAL REG. 11/26/51
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR JOHN F. DEUNY, INC. 715 LIGHT ST ADDRESS -30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10631

Reg. Dist. No. 22

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
LENGTH OF STAY (in this place) 6 wks + Do
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Odenton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Earline (Middle) Deanna (Last) Tyler

4. DATE OF DEATH (Month) 11 (Day) 4 (Year) 1951

5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH 9-16-1951
9. AGE last birthday yrs. If under 1 year Months Days 6 wks. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Odenton, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Earl Tyler
14. MOTHER'S MAIDEN NAME Martha Diggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Martha Diggs - Odenton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Convulsions	1 Hour.
571.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gastro - Enteritis	2 days.
119a	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 16, 1951, to Nov 4, 1951, that I last saw the deceased alive on Nov 3, 1951, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE Edward G Shewett (Degree or title) M.D. ADDRESS Gambrills Md DATE SIGNED Nov 4, 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-5-1951
NAME OF CEMETERY OR CREMATORY John Wesley
LOCATION (City, town, or county) Waterbury (State) Md.

DATE REC'D BY LOCAL REG. Nov. 5, 1951
REGISTRAR'S SIGNATURE Clara Hasluft Local Reg.
24. FUNERAL DIRECTOR William Keese, II - 108 Washington St. Annapolis, Md.
ADDRESS

109161192 H04

VS. A15

RECEIVED
NOV 13 1951
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

T

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10632

Reg. Dist. No. 24

1. PLACE OF DEATH: COUNTY Anne Arundel MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Burnie
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 - Greenway N.W.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Benjamin Franklin Welch

4. DATE OF DEATH (Month) (Day) (Year) Nov. 3 1951

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9/12/87
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ford master at Ford Meade
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mount Zion - A.A. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Benjamin F. Welch
14. MOTHER'S MAIDEN NAME Elizabeth Hayson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-05-3422
17. INFORMANT AND ADDRESS Mrs Fannie T Welch (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Gustave H. Fouber Jr. (Degree or title) Assistant Deputy Medical Examiner. ADDRESS Glen Burnie Md. DATE SIGNED 11/3/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/6/51
NAME OF CEMETERY OR CREMATORY Glen Haven
LOCATION (City, town, or county) (State) Glen Burnie, Md.

DATE REC'D BY LOCAL REG. 11/5
REGISTRAR'S SIGNATURE L. J. De Alba
24. FUNERAL DIRECTOR Richard V. Singleton ADDRESS Glen Burnie Md.

290-506

RECEIVED
NOV 7 1951
BUREAU V. S.